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VAGINAL HYSTEROTOMY, &c., IN LABORS OBSTRUCTED BY UTERINE AND VAGINAL CANCER.

[We give further extracts from the forth-coming work of Prof. Simpson, of Edinburgh, which are now for the first time published.]

Carcinoma in the walls of the cervix uteri and vagina is occasionally found co-existing with pregnancy and parturition. Such deplorable cases have been seen to terminate variously. Sometimes the cervix has been still found so very slightly diseased and indurated, at the time when labor at last supervened, that it has spontaneously relaxed, and opened for the transit of the child. Far more frequently its unyielding structures have fissured and torn under the pressure of the presenting part of the infant; the labor, however, thus terminating ultimately without artificial aid, after sufficient space was obtained by the spontaneous lacerations. In some instances the patient has, some days after labor supervened, died undelivered, in consequence either of pure exhaustion or of laceration of the walls of the body and fundus of the uterus. And in one or two rare cases, the pains of parturition, after coming on regularly at the full term of pregnancy, have after a time ceased—and as in the “missed labors” that so often happen in the cow and sheep—the dead fœtus has been retained in utero for weeks, or even months, beyond the normal period of delivery.

CASE I.—In a patient pregnant, and with extensive cancer of the cervix uteri, whom I saw at Hamilton, efforts at labor seemed to come on more than once, when and after the mother herself calculated the term of utero-gestation to be completed. She died at last undelivered, apparently of peritonitis. The fœtus was found decomposing in utero. There was an extensive effusion of lymph on the peritoneal surface of the uterus; but apparently no rupture. She refused to submit to any treatment.

What *treatment* should we pursue in cases of parturition morbidly delayed and obstructed by cancerous disease of the cervix uteri or vagina? It has been long laid down as a principle in British midwifery, that when in labor it is found impossible, from the amount of obstruction which exists, that the lives of both the mother and child can be preserved, the life of the infant should

be sacrificed by craniotomy, for the safety of the mother, provided there is space to extract the mutilated child through the maternal passages. In accordance with this principle I have known the mother, in a case of labor obstructed by carcinoma uteri, delivered by the perforation and breaking down of the head of the infant; and cases of delivery by craniotomy under the same complication have been recorded by Denman, Dorrington and others.

But surely we have a true and important exception to this principle when parturition is rendered difficult or impossible by cancer of the cervix uteri or vagina. In consequence of the fatal disease under which the mother is suffering, her own life is not worth more than a few weeks, or at most a few months' purchase; while the child, if saved and not sacrificed, may possibly grow up, and become a useful and important member of society. Under such circumstances we are assuredly justified in preserving the life of the child, even were it at the expense of some additional risk to the life of the mother. When, however, in this complication, the unassisted efforts of nature prove inefficient, and operative measures come to be really required, those that are best, are, I believe, of a kind that usually do not add to the danger of the mother, while they are calculated to preserve the child. In most cases the cancerous part at last spontaneously fissures and lacerates in order to allow the child to pass. By practising vaginal hysterotomy in these same instances we arrive at the same end; but more certainly and safely. For, instead of allowing the muscular contractions of the uterus to make, by long and exhausting efforts, the necessary lacerations, and gain for us the necessary space, we make these lacerations or incisions with the bistoury; and farther, when we do so, we select the safest time for effecting them, namely, early, and before exhaustion sets in; and we can select, also, the safest locality for the division of the tissues of the cervix, instead of leaving them entirely to chance. After the incisions are made, the expulsion of the child may be left to nature, or it may be extracted artificially by turning, or the long forceps. In the two following cases, the long forceps were used after the necessary incisions were made.

CASE II.—In a woman in the Royal Infirmary, six months pregnant, the septum between the rectum and vagina was already perforated by carcinomatous ulceration. She went on to the full time. As the disease did not extend to the uterus, but affected only the vagina and surrounding tissues, the first stage of labor was completed naturally; the child was then extracted by the forceps. But it was necessary, first, to incise freely the carcinomatous mass obstructing the vagina, and in bringing down the head, the perineum, which was quite indurated and tuberculated, tore in its whole extent. The infant was alive and healthy. The woman had a rapid convalescence, and lived for more than two years afterwards, the carcinomatous ulceration gradually excavating and destroying almost the whole contents of the pelvis.

CASE III.—A patient, the subject of extensive cancerous disease of the cervix uteri, was seized in the Infirmary with premature labor near the eighth month. After the parturient efforts had lasted for a considerable time, without any prospect of successful dilatation and delivery, I enlarged the os uteri by lateral incisions, and extracted the infant with the long forceps. The child survived. The mother suffered no special aggravation of her symptoms in consequence of delivery. The cancerous disease proceeded on its usual course, and proved fatal a few months subsequently.

In the following instance the uterine efforts very speedily expelled the child, after the obstruction from the indurated cervix was removed by incision.

CASE IV.—I saw this patient with my esteemed friend Dr. Martin Barry, when he was attached to the Maternity Hospital. The woman had been ill for three days. She was very much exhausted, and her pulse extremely rapid. The cervix was indurated by carcinomatous degeneration at one side, and did not seem at all inclined to yield. Two or three small incisions were made through the indurated portion. This allowed the head to pass, and the delivery was completed after five pains. It was too late, however, to save the patient. Her pulse never fell, and she sank in two or three days afterwards.

The cancerous disease at the time of labor supervening may be found not so great or extensive as to prevent the os uteri opening to nearly its full extent, and yet it may prevent the head from entering the brim. In the following case I delivered the patient by turning, instead of the long forceps—the head being detained so very high up as to suggest the former as preferable to the latter mode of delivery.

CASE V.—A patient, under the care of Dr. Burns, who had previously borne a large family easily, had her last labor very much protracted in consequence of carcinomatous induration of the posterior lip of the uterus. Symptoms demanding artificial delivery supervened by the time the os uteri was nearly dilated. The child was extracted by turning, and survived. The diseased cervix tore slightly as the head passed; and perhaps it would have been better to have determined the seat of this laceration by a previous incision. The cancerous disease proceeded slowly onward, and she died in about a year.

CASE VI.—In another patient of Dr. Burns's, premature labor came on spontaneously between the seventh and eighth month; and though the whole circle of the cervix uteri seemed affected with the cancerous disease, the os at last dilated and fissured sufficiently to allow a living child to pass. The disease proved fatal to the mother a few months subsequently.

In cancer complicating pregnancy, the preservation of the life of the child is, we have ventured to state, the great object which the practitioner should desire to effect—especially if he can accomplish this object by means not directly detrimental to the mother—

and such cases as this last have suggested the propriety of sometimes attempting to attain this double end by the artificial induction of premature labor. This mode of delivery ought probably to be adopted if the disease is so severe or acute as to threaten to destroy the life of the mother before the full completion of pregnancy; or if we fear that the mechanical obstruction, from the rapid growth and development of the disease, is likely to prove too great for the possible passage or extraction of a child allowed to reach the full term. At the same time, as our calculations are specially directed to the preservation of the child, it would be wrong to peril its life by bringing it with any unnecessary prematurity into the world; and certainly the idea suggested by one or two authorities of treating this complication by inducing artificial abortion or premature labor before the infant was viable, seems to us a practice indefensible either on moral or professional grounds.

In almost all the known and recorded instances of cancer uteri complicating parturition, the obstruction to delivery has arisen far more from the *induration* and consequent non-dilatability of the structures that were the seat of the disease, than from their increased physical *volume* or bulk. And hence the reason why we may hope to overcome the difficulty, in a great majority of cases, by the division, when necessary, of the affected tissues. But where, unfortunately, in the exceptional case, there exists, from the mere size of the carcinomatous deposit, such obstruction of the maternal passage as to prevent delivery entirely, *per vias naturales*, unless the child be destroyed and mutilated, then it does certainly appear justifiable to extract the infant, if it is still alive, by the Cæsarean section. In this complication of labor obstructed by carcinoma uteri, craniotomy, when adopted, besides proving of necessity directly fatal to the child, has almost always resulted, also, in the very speedy death of the mother. Few or none, in the instances recorded, have survived above a few hours, or a few days at most. The Cæsarean section offers every possible chance to the life of the child, and is scarcely more fatal to the mother. Some years ago, my friend, Dr. Oldham, published a case of large carcinoma uteri obstructing labor, in which the child was saved by this mode of delivery, and the mother did not die in consequence of the operation as has happened in most instances in which the Cæsarean section has been performed in British practice.

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#### SPONTANEOUS DISAPPEARANCE OF AN ABDOMINAL TUMOR.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I send you the following history of a case of abdominal tumor disappearing in a way new to me. If you think best, you are at liberty to publish it in your valuable Journal.

Yours truly,

HENRY CADY.

Monson, May 23d, 1855.



Mrs. ———, formerly a resident in this town, consulted me in March, 1852, to obtain my opinion and advice in relation to an enlargement, which she had a short time before discovered on the right side of the abdomen, near the anterior inferior spinous process of the os ilium. She was, at this time, 26 years of age, had been married one year, of bilious temperament and muscular system sparingly developed. On examination, I discovered a tumor occupying the points above named, somewhat larger than a large-sized hen's egg, solid to the feel, its surface even and uniform. Its boundary could easily be traced, its lower portion extending down behind the pubic bone. The history she gave me, was in substance the following:—There had been slight tenderness and occasional pain, in this location, for more than two years prior to date of examination, at first so trifling as hardly to engage attention. As the pain had frequently, though not always occurred at her menstrual periods, and on such occasions with greater severity, she thought the trouble might depend on some trivial catamenial derangement, though more strongly suspicious that it was some form of hernia. The attacks of pain, however, as time went on, became gradually more frequent and severe, until, about four weeks previous to date aforesaid, she had a far more severe attack than she had ever before experienced, which led her to a closer scrutiny of her own case, when, for the first time, she discovered the tumor in question. The severity of this attack passed off in a few days, so as to enable her to ride home comfortably in the cars, a distance of about twenty miles. The examination referred to, took place soon after her arrival. Her general health, at this time, had not suffered much from the local morbid condition. As before intimated, this lady had for years complained of muscular feebleness, could not endure active exercise long at a time, without much weariness, for which condition she had, by my advice, at different periods, taken various preparations of iron with manifest advantage. Having been a thorough student and apt scholar, she may have failed to give the muscles all the exercise necessary to maintain their full tone.

From the most careful examination and closest scrutiny of which I was capable, I could make nothing in my diagnosis, more or less, than a diseased state of the right ovary. I consequently expressed freely, to the husband of the patient, my opinion that the disease was an encysted ovarian tumor.

Having in my former professional career had under my care, some cases of encysted ovarian disease, and having found nothing in their results to encourage my confidence as to the value of much treatment by medicine internally, and tapping even, in cases brought to my notice, affording only temporary relief, I advised nothing more than the external use of unguent, iodine alternated with emplastr. mercurialis over the tumor, with some medicine (the form I do not recollect) of an opiate kind, to be taken whenever the attacks of pain supervened. I also advised the patient to con-

sult the lamented Dr. James Smith, late of Springfield, who, it will be remembered by the readers of your Journal, was one of the victims of the Norwalk disaster, in May, 1853. After stopping a few days at her father's, Mrs. ——— returned to her own home, and some weeks afterwards, having experienced a very severe attack of the pain, commencing in the region of the tumor as at first, but latterly, and especially at this time, extending over the hypogastric and umbilical regions, similar to colic, Dr. Smith was called, according to my previously expressed wish. After a thorough investigation of the case, Dr. S. came to the same diagnostic conclusion I was driven into, as the patient informed me. Dr. S. advised a pretty free use, internally, of iod. potass., under the use of which the returns of pain became less frequent and less severe. In August, 1852, at which time the patient was again at her father's residence, I made a second examination of the case. At this date, I found the tumor had considerably increased. It was found to be more than twice as large as it was, in March previous. General health of patient considerably affected by the disease. From the time of last date till April following (1853), I had no opportunity to mark the progress of the disease. I learn from the patient, however, that she persevered in the use of iod. pot., believing that she suffered less under its use, than without it. February 12th, 1853, while riding on a short journey, the horse became frightened, the carriage upset, and she was violently thrown upon the frozen ground, producing severe general concussion, besides bruising the body and limbs, and tearing the scalp in a number of places. Symptoms of concussion of the brain and general re-action followed the disaster, although the abdominal tumor seemed not to be affected in the least by the accident. Severe headache, giddiness and general fever followed, and continued without much abatement for several days in succession, so that the consequent prostration rendered her unable to be removed from her sick-room, near the place of the accident, until some eight weeks afterwards. The medical gentlemen, into whose hands she fell, conducted the case very judiciously and skilfully. April 9th, 1853, the patient was removed to her father's, when another opportunity was given me of examining the tumor of the abdomen. By reason of the great emaciation existing at this date, its boundaries might be readily traced, in every direction. It was found to occupy the whole of the right hypogastric and iliac regions, extending upward nearly to the umbilicus, and pushing towards the left, under the right portion of the linea alba. I judged the tumor at this time to have measured, from pubis upward, 4 inches, and horizontally 5 or 6. Patient pale, tottering, feeble and greatly emaciated, and now complains of pain in the anterior part of right thigh. In these respects she improved in some degree under the use of tonics, cordials, gentle exercise in the open air, &c., until the 20th of June following, when she was suddenly attacked with chilliness, pain in abdomen, nausea and vomiting, alternated with

diarrhœa. The discharges were frequent, copious and watery, containing some bile and crude fecal matter—sometimes a brownish, muddy liquid only; very offensive, but without ordinary fecal odor. The general condition was that of great irritation; fever; pulse 130 to 145 beats per minute, and great prostration. The tongue was red and smooth, the whole abdomen very tender and intolerant of slight pressure.

Having been absent from town at the date of this attack, I am indebted to the patient, and especially to her medical attendant, Dr. A. Smith, of this place, who had charge of the case at this period of its history, for the facts stated. Dr. S. continued his attendance on the case for some five or six weeks succeeding the above date, but regarding it unnecessary to give here a minute detail of his treatment, I will briefly signify my opinion that it was such as good judgment and skill would dictate, having been directed to means for controlling irritation of the mucous lining of the stomach and bowels, by opiates, mucilages, mild astringents, and supporting the strength by wine, wine-whey, gruels, broths, and such other nutriment from day to day, as could be tolerated by the patient, together with mild tonics. The patient, though greatly prostrated by intense suffering from this formidable state of disease, lived on. After about two weeks, the stomach became less irritable and the watery discharges less frequent, the tongue continuing red, and pulse 130. For the following four weeks all the above symptoms continued the same in kind, though in degree gradually less severe. It should have been mentioned that Dr. S. discovered, a few days subsequent to the attack, and now and then in the course of the disease, what he regarded to be unmistakable evidence in the alvine discharges, of ulceration of the mucous coat, which he supposed had taken place somewhere in the large intestines.

On my return, about the first of August following, I resumed the care of the patient. She could take a little liquid nourishment with some trifling relish, and seldom vomited. Abdomen tender and somewhat tympanitic—the last having been an accompanying symptom, more or less, from the onset of the condition now being considered. Tongue still red. Pulse 130. For the sake of brevity, I will simply state, that similar symptoms continued, the muddy-water stools sometimes slightly bloody, for about eight weeks, but gradually diminishing in degree, and becoming less frequent. The pulse became more moderate; tongue less red; appetite improving, &c. It was also discovered that the tumor, which up to last date had undergone no apparent change, was diminishing in size; and as time passed on, it continued to diminish, so that by the middle of the following winter (1853-54) it had subsided low down into the pelvis, appearing, as felt through the abdominal wall, like a bit of coiled-up leather, say 2 1-2 inches along the venter of the ilium, or in the iliac fossa, by an inch in thickness, and in feel slightly elastic. Mrs. ——— continued from this time to

improve uninterruptedly in strength, and the derangement of the bowels grew less, so that by the beginning of the summer of 1854 she had regained much of her usual amount of flesh. The turbid watery discharges continued, as she informs me (for she removed in the month of June, 1854, to her own home, in the vicinity of Boston), until about the first of September, 1854. These discharges, however, for the last two months of their continuance, were not very frequent, occurring no oftener than once in from three to five days. About the last date they ceased altogether, and have never returned. Mrs. ——— is now well. I saw her a few weeks since, and never knew her in more perfect health than at that time. She assured me—I did not examine—that the tumor was entirely gone.

*Remarks.*—Either the tumor described in the foregoing *was* ovarian, or it *was not*. If it *were*, its contents found a way by ulceration into the caput cæcum, or some other portion of the colon. No history of such a case has ever come to my knowledge. In Braithwaite's Retrospect, Part IX., p. 204, is the relation of a case treated by Mr. Tutin, Surgeon to the Ripon Dispensary, in which ulceration took place externally through the umbilicus, and the contents of the tumor escaped, with ultimate recovery of the patient. In Part XIX. Braithwaite, p. 281, is a short history of a case under care of Dr. Bennet, of the Royal Infirmary, London, in which an ovarian cyst seems to have burst into the urinary bladder. The patient recovered. In the case of Mrs. ———, nothing is claimed on the score of treatment, towards contributing to the result, unless it be the *care* bestowed to cherish the feeble powers of the system during the darkest period of her suffering, thereby giving nature all the chance possible. She is one of those noble, strong-minded women who have power to control emotion in case of emergency, and exercise extreme patience under suffering—circumstances which no doubt contributed much towards her final recovery. Did the fall from the carriage have any agency in shaping the result?

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#### CONTAGION OF PUERPERAL FEVER.

[Communicated for the Boston Medical and Surgical Journal.]

THE conflicting views of medical men on the subject of the contagious nature of puerperal fever, I presume can be reconciled and accounted for. There is no denying the truth of both its contagious and its non-contagious character in different instances, and we have the highest, the most reliable and most ample testimony on both sides. Drs. Hodge and Meigs, of Philadelphia, and a host of other eminent men, support the doctrine of non-contagion; whilst others equally eminent, including Dr. Holmes, maintain the opposite opinion. From my own limited observation, and from the writings of others, I am satisfied that two distinct forms of disease have received the name of puerperal fever. The one occurs sporadically,

but frequently, is characterized by acute phlegmonous inflammation, generally amenable to treatment, its form being sthenic or inflammatory; and hence those who have seen much of it consider it, as it really is, not contagious, because it cannot be traced to contagion as its cause. The other form prevails more seldom, and in some sections perhaps never, like malignant typhus, which it very much resembles in its general character. In an extensive country practice for many years, I have seen only one season in which this form prevailed in this section. The disease was characterized by malignant typhus symptoms, and occurred in connection with erysipelatous fever, or that malignant form of disease sometimes popularly called "black tongue," attended with diphtheritic sore throat. These cases of puerperal fever were traceable to contagion, and little influenced by treatment, and generally fatal. I consider, therefore, that form of puerperal fever which is strictly and truly contagious, as a certain form of erysipelatous fever spending its violence on the womb, its appendages, and the peritoneum; these structures, in the puerperal condition, being in such a state as to invite the localization of the disease. That subtle, that fearful and too generally fatal poison of the contagion infects, and in some degree kills, the blood, and few patients survive the attack.

Now it is very natural that a physician who has practised in one or more epidemics (or rather visitations) of this contagious character, should so generalize as to consider all cases of puerperal fever contagious; while, on the other hand, those who see a great many cases of the sporadic or inflammatory form, should so generalize as to consider all cases non-contagious. Hence the discrepancy of opinion.

WM. A. GILLESPIE.

*Louisa Co., Va., April 23, 1855.*

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#### FLANDIN'S NEW PROCESS FOR THE DETECTION OF THE ORGANIC POISONS.

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[Communicated for the Boston Medical and Surgical Journal.]

It is an acknowledged fact in medical jurisprudence, that the presence of an organic poison cannot be demonstrated unless the vegetable alkaloid used can be exhibited in a pure state. The following process, published at Paris in 1853 by Charles Flandin, long the rival of Orfila, appears to accomplish this desideratum; and as his work on Poisons is somewhat rare in this country, it has seemed proper to give the method a somewhat wider circulation than it at present enjoys.

"In experimenting on suspected animal matters," says our author, "I have considered that they are composed of proteine or albuminous compounds, easily coagulated by heat, of neutral coloring matter, which is modified in contact with alkaline earths, such as caustic lime and baryta, and of greasy or resinous substances held in emulsion by albumen or by alkaline salts.

"The temperature of boiling water renders albuminous compounds insoluble. The treatment with caustic lime or baryta decomposes the coloring matter, and converts the resinous and fatty substances into insoluble soaps. The vegetable alkaloids are not changed by this process, and after the whole mass has been thoroughly dried and powdered, are dissolved out by alcohol and treated with ether, acetic acid and other appropriate solvents, according to the nature of the alkaloid suspected.

"If, however, a volatile alkaloid is present, a simple distillation, either in the air or in an atmosphere of some other gas, as nitrogen, or in vacuo, will suffice to separate it."

The process for eliminating morphine will serve as a model of Flandin's method.

"The suspected matter must be evaporated to dryness in a water bath, in contact with pure caustic lime, in the proportion of about twelve parts of lime to one hundred of organic substance. The whole mass must then be pulverized, and again thoroughly dried in the water bath. After this, it must be boiled with absolute alcohol, and the liquor decanted upon a filter. This process is to be repeated two or three times to extract all soluble substances. On cooling, a portion of fatty matter separates from the alcoholic solution, and is removed by a second filtration. The alcohol is then evaporated, and the dry residue treated with ether to remove the remaining fatty matter, leaving the morphine undissolved, either pure or combined with the other alkaloids which are associated with it in opium. In the first case, the usual tests will demonstrate its presence. In the second it must be treated with acetic acid and dried at a gentle heat. The residue is next treated with a little water, which dissolves the salt of morphine, from which the pure alkaloid is precipitated by the addition of ammonia. It may now be collected upon a small filter, and submitted to the usual tests, or be dissolved again in alkaloid and allowed to crystallize by spontaneous evaporation."

This method, with slight modifications, may be applied to the detection of all the fixed alkaloids. Some, as narcotine, porphyroxine and meconine, are soluble in the ether employed in the process, and are to be sought for in it. Others, as hyoseyamine, may be found in the acetic solution after ammonia has failed to throw down a precipitate.

The most favorable results have been obtained by this process. From 1500 grains of blood, to which had been added a single grain of morphine, Flandin clearly exhibited a considerable quantity, and he was able to detect it even in the proportion of one ten thousandth ( $\frac{1}{100000}$ ), say one grain of morphine to a pound and a half of animal matter.

One of the undersigned (J. G.) obtained by this process, from fifteen hundred grains of muscular fibre to which a grain and a half of strychnine had been added, and which had been set aside in a warm place until putrefaction had thoroughly set in, about

half the original quantity of the pure alkaloid, in which its crystalline form could be observed, and from which the characteristic reactions were obtained.

The simplicity and certainty of this process must recommend it to every chemist, and the quickness with which it may be performed (thirty-six hours being in most cases sufficient) renders it doubly valuable for the purposes of justice.

Cambridge, June 13th, 1855.

T. W. CLARKE,  
JOHN GREEN.

### Hospital Reports.

#### MASSACHUSETTS GENERAL HOSPITAL.

*Compound Comminuted Fracture of Elbow-joint. Recovery.*—(Under the care of the late Dr. SAMUEL PARKMAN and Dr. H. J. BIGELOW. Reported by C. ELLERY STEDMAN, House-surgeon.) Henry H., æt. 10, Irish; was admitted 21st July, 1854. Is a tolerably healthy-looking boy. While bathing in the dock this afternoon he undertook to climb up the rudder of a brig lying at the wharf, and falling between the vessel and a pile, his right elbow was crushed. He was brought to the Hospital three hours after the accident.

On entrance, the patient is cold and the pulse is feeble; there is a wound six inches long on the inside of the right arm, reaching from the middle of the forearm, an inch or two up the humerus, and extending half around the limb. The upper fourth of the radius and ulna are comminuted, and ground into the muscles, which are forced through the integuments; the olecranon and the condyles cannot be distinguished. The soft parts of the humerus three inches above the wound are severely contused. There is but little hemorrhage; the hand is cold, and there is no pulsation of the radial artery. Dr. Parkman was sent for, and after a thorough examination, proposed immediate amputation, to which the mother would not consent, saying that she preferred to have him die with two arms than live with one. The patient was accordingly put to bed; and the arm, bent at right angles, with the hand pronated, was laid on a common Goodwin's fore-arm splint carefully padded with lint and compresses, retained in place by a loose bandage. Cold-water dressing; gruel; spiritus ætheris c., gtt. xx. every four hours, and elixir of opium gtt. xx. at night.

22d.—Re-action has taken place; the patient is tolerably comfortable, though very restless.

24th.—Limb is much swollen and about to slough extensively. Pulsation is observed in radial artery. No dejection. Enema.

28th.—Arm continues greatly swollen and inflamed. There is a free discharge of bloody pus from the wound.

31st.—Large sloughs have come away from over the condyles.

August 4th.—Sloughing extends. The bones are exposed; the probe passes freely from the upper side of the arm to the splint on which it lies, through the elbow. Patient seems to retain his strength well, and does not appear to suffer much except when limb is dressed.

7th.—The sloughing over the external condyle is still going on.

10th.—There is now a very free discharge; an abscess is burrowing up the humerus. Omit the poultices and apply strips of spread lint along edges of wound, with scraped lint on the granulations.



11th.—Dr. Parkman opened the abscess on humerus, giving exit to a large quantity of pus.

20th.—Patient is much emaciated, but his countenance is cheerful, and spirits continue good; the wound is healthy. May have house diet.

31st.—Granulations have covered the exposed bones. A sequestrum was removed to-day from the humerus. Patient does not suffer so much during the dressing.

September 10th.—The wound is granulating in a healthy manner, with less discharge.

October 1st.—To-day complains of much pain in elbow. A small abscess was opened by Dr. Parkman, with much relief.

12th.—Granulations, though exuberant, are red and healthy. No dead bone can be seen; but the probe detects some fragments at the bottom of the wound. Patient was etherized; the opening dilated by a scalpel, and two bits of bone extracted, which were strongly adherent to the fascia. Cold-water dressing, with compression by bandage.

13th.—Arm is comfortable, but the patient complains of pain in head and abdomen. No dejection.

14th.—Cathartic, ordered yesterday, operated by the aid of an enema. The pain in head and abdomen continues. Erythema has appeared about the wound. Skin cool: pulse 104. Tongue with whitish coat. R. Spiritus ether c., gtt. xx. every four hours.

15th.—Arm causes no pain, but that in head and abdomen continues.

16th.—The erythema has vanished, and the pain in the head is relieved. Still some pain in abdomen. Pulse quiet. An herpetic eruption has appeared around lips.

17th.—Better. Arm now doing well. Water dressing and bandage.

18th.—Complains of no pain.

November 2d.—Wound granulating and contracting finely.

16th.—Wound healthy, but somewhat painful. General appearance of the patient is improved, and his strength is increased.

22d.—Exuberant granulations touched with nitrate of silver.

26th.—Sore indolent. Apply poultice.

December 1st.—Great improvement in the sore since application of poultice. He has much less pain, and some motion of elbow. Gains flesh and strength. Sprinkle sore with burnt alum before the poultice is applied.

10th.—Granulations less prominent. Omit alum.

31st.—Walks about with arm in sling.

January 13th.—Doing well. Has a little anterior and posterior movement of joint. Sore nearly healed. Can pick up small articles with his fingers.

February 1st.—Discharged, with instructions to come once or twice a week to the Hospital.

May 25th, 1855.—Having never returned to show himself at the Hospital, was found at his home to-day. There is an indolent ulcer on the outside of the elbow, about the size of a half dollar, which he will not have probed. There is motion of the elbow, allowing the hand to pass through a segment of a circle four or five inches long. Slight rotation. The head of the radius cannot be felt. He can carry his hand in his pocket, and use a cup with it at table. Motions of the hand and fingers are good.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION. BY  
W. O. BROWN, M.D., SECRETARY.

**THIRD mo. (March) 5th, 1855.**—Dr. C. W. Parsons reported a case of partial fracture of the left clavicle in a boy æt. 12 years. This occurrence "was formerly denied by Boyer, although since generally admitted by French surgeons."

Dr. Otis reported a case of partial fracture of the fore-arm of a child. This was afterwards converted into a complete fracture by attempting to straighten the part, when the splints were removed at the second dressing. Drs. Ely, Baker and Arnold, each mentioned cases of partial fracture in children. Dr. Capron spoke of the frequency of dislocation of the head of the radius forward, in children; he had seen some twenty cases of this kind.

Dr. Collins exhibited two very neat, economical and efficient pharyngeal shower-bath syringes, made by attaching silver tubes, conveniently curved, and having minutely-perforated bulbous extremities, to glass syringes.

*Regular Meeting of the Medical Association, 4th mo. (April) 2d, 1855.*

—Dr. Capron reported a case of placenta prævia, in which the placenta only partially covered the os internum. The membranes were ruptured, and the foetal head descended and arrested the hemorrhage. Ergot was given in this case, with very good results. Dr. C. would not trust to ergot where the placenta was centrally situated; he lost one case where this course was pursued. He believed that in *all* cases of placenta prævia, the os becomes dilated, or dilatable, before death occurs, and will consequently admit of turning and delivery. Turning is not to be delayed after dilatation has taken place.

Dr. Armington reported a case of placenta prævia; no manual interference being allowed, the action of ergot and acetate of lead was awaited to no satisfactory purpose. The membranes were at length ruptured; the head advanced and arrested the hemorrhage. After a delay of two days, a dead child was delivered with the forceps. Great exhaustion, tenderness of the abdomen and tympanitis followed. Quinia, brandy and porter were given, and continued for two weeks. The patient recovered. Two tumors, each about the size of a hen's egg, were found in this case to be attached to the walls of the uterus.

Dr. Ely reported a case of *cancrum oris* which occurred in a child of 3 years. When first seen, the child had typhus fever. After ten days it began to improve, and on the 14th day was attacked with pneumonia, attended with diarrhœa of greenish matter. Under the use of ipecac., liquor potassæ, &c., it recruited again, and was convalescent on the 20th. At this time a *slight* ulceration was discovered on the mucous membrane over one of the lower incisors, but did not attract much notice. Being called again, a week after, he found a tooth had fallen out, and *cancrum oris* was manifestly present. Quinia and other tonics were given, and the strong nitric acid was applied to the ulcers, three mornings in succession. No benefit followed, and on the fourth morning a dark spot, the size of a dime, was found on the external surface of the cheek. This continued to extend, to the diameter of perhaps three inches, when the child died. Dr. E. believes no mercurials were given in this case; if *any*, not more than one grain of hydrarg. cum creta.

This child was remarkable for the clearness of its skin. Of six cases

of spontaneous cancrum oris, noticed by Dr. West, two occurred after typhoid fever, and two after measles; five of the six proved fatal. Of twenty-one cases reported by Rilliet and Barthez, twenty proved fatal. Twelve out of twenty-nine cases collected by them occurred after measles. Dr. E. had seen a case after smallpox.

Dr. Capron reported a case of *arm presentation*. The pains were so slight that the physician first called neglected an examination. The woman herself at length detected something wrong, and a second physician was called, who found an arm presenting. The pains were now severe, and chloroform was given, which arrested both the pains and uterine contractions. Dr. C. found the vaginal discharges fetid. The uterus was firmly contracted, but the child did not advance. As turning was the only alternative, it was attempted, under the influence of chloroform; one knee was brought down, the other followed, and delivery was soon effected. Child was stillborn. Woman recovered well.

Several instances were stated, showing the necessity of an early examination, which always should be made at the first visit.

Dr. Baker stated that a man who stammered lately applied to an apothecary in this city, for six one-grain pills of opium. He was misunderstood, and six six-grain pills were given him. After taking one he became alarmed, and applied to Dr. B. A powerful emetic was directed, which took effect, and no stupor followed. The individual returned to New York, and his attorney afterwards wrote to the apothecary, claiming damages for illness alleged to have supervened in consequence of the opium pill.

Dr. Collins reported two cases of *infantile syphilis*, which occurred in one family. The father had had syphilis, and his child, two years of age, was attacked with it. The symptoms were well marked. It recovered rapidly under the use of the hydrarg. cum creta. This man's wife, during a subsequent pregnancy, had syphilitic eruptions. Two months after birth, her child was attacked with syphilitic eruptions on the forehead and soles of the feet, with ulcerations on the roof of the mouth and on the labia, and with coryza. It recovered speedily under the use of calomel.

Dr. C. W. Parsons reported a case, showing the *large amount of liquor amnii which is sometimes discharged*. In the present instance the patient was a young married woman, seven months advanced in her first pregnancy. Her symptoms (vomiting, great distension and tenderness of the abdomen) presented a strong resemblance to those of peritonitis. It was finally deemed necessary to induce labor, and the membranes were ruptured. Six quarts of liquid were collected, and it was thought half as much more was absorbed by the bedding and cloths around the patient. The child was hydrocephalic and stillborn. The patient recovered pretty favorably. This case occurred in his father's practice.

5th mo. (May) 7th, 1855.—Dr. Ely presented a specimen of lung containing a *tuberculous cavity in which cicatrization had commenced*. The cavity was about the size of an ordinary almond, and appeared smooth and healthy. The man who was the subject of it was intemperate, and it is supposed his death was produced by violence, as he was found suspended by a rope around his neck.

Dr. Collins reported a case of *erysipelas attending vaccination*. The subject of it was a child of three or four months. It was vaccinated on the arm by two punctures. On the fourth day after, as the vaccine pustule began to appear, erysipelas commenced at the same point, extending downward till it reached the hand and spread to the axilla; then to the

neck and down the other arm to the hand, which became very much swollen, as did also the body of the child. The case terminated fatally. Dr. C. believes the erysipelas was entirely induced by the vaccination—the system of the child being predisposed, though not strongly so, to take on this form of inflammation. Several other children were vaccinated at the same time, with the same virus, which he is sure was obtained from a healthy source. These all passed through the various stages of vaccinia in a satisfactory manner. After a good deal of experience as public vaccinator, this is the only case of the kind Dr. C. has ever met with.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 21, 1855.

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### MEETING OF THE MASSACHUSETTS MEDICAL SOCIETY.

As the time for the annual meeting of this Society draws near, we trust that a large number of members will endeavor so to arrange their business as to be able to be present, at least during a part of the day, on this interesting occasion. Let our brethren of the noisy metropolis exchange for once the cares and labors of professional life, the tumult and confusion of the city, for the freedom and tranquillity of the country; for though Springfield is a city, its broad and unpaved streets, overshadowed by magnificent elms, its mansions surrounded by beautiful gardens, and its picturesque cemetery, give it a rural aspect which calls forth the admiration of all strangers who visit it. But the attractions of the country are potent for the Boston members only; *all* are interested in the promotion of good feeling and the progress of medical science which flow from the annual meetings of this Society, as well as in the social festivities which accompany them.

The season for the meeting is well chosen. At no time is there less sickness with us than in the month of June. It would seem as if Nature desired to recompense us for our labors by allowing us this beautiful month for recreation and social intercourse. We understand that several distinguished strangers are expected to add to the interest of the day, and we are assured that no pains will be spared by the Committee of Arrangements to render the occasion one of unusual interest. By the courtesy of the Superintendent of the Western Railroad, members of the Association from Boston will be carried to Springfield and back at one half the usual rates.

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### PROFESSIONAL ETIQUETTE.

If the duties which physicians owe to their patients are the most imperative, their mutual relations and intercourse, professionally, are of the greatest importance, and never to be made subservient to mere selfish purposes.

We believe it is undeniable that our own medical community is remarkably free from those occurrences which constitute breaches of professional etiquette. This should be so everywhere, among those whose aim is to diffuse comfort and the means of health. A truly high standard of feeling and practice can hardly be maintained unless the honorable estimation of brethren and the real wish "to do unto others as we would they should do unto us," be cherished and regarded as the rule of action.

There are many ways of injuring a *confrère* besides overt detraction or

explicit assertion of incompetency, &c. The shrug of the shoulders, or the incredulous aspect, if anything be said in his favor; the hints of small experience, want of opportunities for observation, personal peculiarities made prominent, &c. &c., often go further towards injuring another's prospects, than any specific charge detrimental in itself. If an older physician be asked about the qualifications of a younger one, it is clearly his duty to give him the benefit of his own good opinion if he honestly have one. A generous man would often go farther;—he would not allow mere *youth* to prevent success—but would say (what is now the truth), that our younger physicians are nearly all highly educated—that their acquirements, in general, entitle them to the full confidence of the public, &c. It cannot diminish either the reputation or the income of the established physician to extend to the comparative neophyte a welcome, and a helping hand; it will only render the latter more deserving, if he be at all so, and will, through the years of weary waiting, inspire him with hope and give him an agreeable and elevated idea of his superiors in acquirements and experience.

The reverence for years and distinguished abilities is, we think, quite observable among our younger medical men, and while many may be mentioned who worthily inspire this sentiment, there is one for whom all seem, instinctively, to feel a genuine affection, and who affords us an eminent example of that professional courtesy which accords both to the advanced and the youthful practitioner the consideration merited by each.

Skill, judgment, science, and a spotless name  
Are not the only trophies of his fame;—  
While Honor's seal on every action shines,  
And Dignity with Gentleness combines;—  
With learning's light the social virtues blend,  
And wondrous magic to his teachings lend—  
Peculiar beauty round his paths is shed,  
And young and old call blessings on his head!

There are those, we regret to say, who by thoughtlessness often—sometimes, it is to be feared, intentionally, throw out opinions or insinuations which materially injure the prospects of others who would fain rise in the scale of success as well as of merit. The rashness of the tongue is rarely ever more mischievous than in such instances.

It is hardly worth while to specify much; most physicians are well aware how much good or evil a word, "fitly" or otherwise spoken, is capable of doing. We should not judge one another too freely, nor should we draw conclusions from mere appearances. If a member of the profession be fond of its literature, or has been led to its cultivation by particular or fortuitous circumstances, hardly to be avoided, it does not follow that he has not a wish to practice, and others should not form such an opinion, much less promulgate it, unless they know it to be the fact *from his own mouth*. Otherwise, his laudable hope for a share in active professional labors and remuneration may be essentially thwarted: every man's word has influence; let it be exercised as he believes the persons under remark would themselves wish, at least with regard to their professional intentions.

It is by no means always true, that because a physician is living in comparatively easy circumstances, he is therefore careless of occupation. He may often, on the contrary, both earnestly desire, and really need it, to enable him to live. Because he has certain means, it should not be decided for him that he requires no more. Moreover, no one, especially no physician, should be an idle man—and can one, in these days, work for nothing? Too many do so for a long time. Professional etiquette demands that no one pronounce his fellow-practitioner a drone until he is *very sure* of it.

We conclude that every man in regular standing who writes himself Doctor, and places an intimation to that effect upon his door or the corner of his house, thereby signifies his intention to offer his services to the public, and his wish not to be considered a "retired physician," as we once heard remarked of a practitioner in this city, very erroneously supposed to be rich and indifferent to practice, because he had been twice to Europe (upon both occasions devoting most of his time to medical and surgical studies), and did not live at the corner of a noisy thoroughfare !

We do not think it worth while to do more than refer to the paltry tricks and unscrupulous measures, most frequently intangible and secret, by which patients are sometimes filched from those who have long devoted themselves to their welfare. In many nameless ways is this done by some, but, as we conclude that such persons cannot understand even the meaning of the word etiquette, and are sure that they ignore, practically, the terms right and wrong, honor and injustice, we leave them to their shuffling and grovelling courses.

In consultations there is peculiar opportunity for the exercise of true courtesy. These meetings of physicians are of two sorts—necessary and unnecessary—pleasant or disagreeable. They are necessary whenever the practitioner in attendance is in doubt and anxiety about his patient, and if the conduct of all the parties concerned be what it should be, they are then pleasant and advantageous. Frequently, however, there is no real occasion for them : the family physician feels competent to manage the case, and apprehends no danger. If a consultation be forced upon him, it is somewhat trying ; the adviser may make it less so—very probably even delightful ; or he may, by his manner, increase any embarrassment or unpleasant feeling already awakened. He has it in his power to advance or injure the reputation and skill of the one whom he meets. In both instances, how much depends on the etiquette observed. Perfect ease, however, is wholly consistent with its due observance ; and such consultations not infrequently result in the formation of life-long friendships, while those of an opposite character beget everlasting dislikes. The junior practitioner has his part to play in rendering consultations agreeable, and this duty should sit gracefully upon him. More importance attaches to these arrangements than may generally be believed. The rule is easy of application : let all, in their frequent and needful intercourse, refer each particular set of circumstances to themselves as the persons interested, and consult the *heart* as well as the reason in these matters ; we will answer for the good effect which will be visible in the exercise of high professional etiquette.

#### CATHETERIZATION OF THE LUNGS.

A DISCUSSION of an interesting and important character has lately taken place in the New York Academy of Medicine, upon the feasibility of introducing instruments into the trachea and bronchi through the larynx, occasioned by a paper on this subject read by Dr. Horace Green. The paper was referred to a Committee consisting of Drs. Willard Parker, John O. Stone, I. Wood, B. F. Barker and two others, whose names are not given in the New York Times, from which we derive our information. This Committee made a majority and a minority report. The former state, that after having held five meetings, two at the office of Dr. Green and three at Bellevue Hospital, and having experimented on thirty-eight individuals, the whole Committee are satisfied that the operation is possible ; in eleven cases the instrument entered without doubt into the trachea, as was evident to the

finger of the operator by local examination; moreover, the symptoms manifested by the patient are unequivocal. In most instances, however, the instrument passed into the œsophagus. The rational signs are more to be relied on, in the opinion of the Committee, than the blowing out of a candle by expiration through the instrument, for distinguishing the situation of the tube, as the emission of gas from the stomach, when the catheter was in the œsophagus, might produce the same effect. The opinion of the operator, when not based upon these rational signs, is unreliable; Dr. Green himself being repeatedly mistaken, according to his own confession. Much depends upon the character and form of the instruments. With a tube curved by a stylet to a form corresponding to a circle six inches in diameter, in 13 cases 5 failed, or 38 per cent. of failure; which proves that the trachea may be entered with "a very considerable certainty." With a tube having a small curve, such as that used by Dr. Green, in 38 cases 35 failed, or 92 per cent. of failure. With the sponge probang, in 18 cases there were 18 failures, or 100 per cent. "The conclusion is, that the sponge probang, or slightly curved tube, cannot be made to enter the trachea, but, if largely curved, can; that local application within the trachea is difficult, and rarely successful; and whether an instrument may be passed at will into the right or left bronchus, the Committee leave to the Academy to decide from these facts. The Committee considered themselves excused from entering into the therapeutical value of the application, as proposed, on the grounds that they do not think it advisable to discuss a mere theoretical question."

Prof. Barker, the only other member of the Committee, then read a paper, stating his reasons why he could not sign the report of the majority. He quoted a large number of cases in which foreign bodies, some of them of considerable size, had passed with comparative ease into the trachea; and after enumerating the difficulties of the operation, and showing that the width of the orifice of the glottis is seven-tenths of an inch in the male, and half an inch in the female, he contended that a sponge half an inch in diameter could surely be passed through this. Dr. B. also said that the experiments were not performed according to the requirements and under the restrictions made by the author; that the Committee had chosen to ignore all other observations, and ended by reading several letters from unprofessional patients of Dr. Green, "the pith of which was, 'I was sick, and am now well.'"

We think that Prof. Barker has done more harm than good to his friend by this report. What the Academy wanted was the truth based upon *facts*, and that was all the Committee undertook to give. It has been denied that an instrument could be passed into the trachea through the larynx (there are men who will deny anything), and although few in this country doubt its practicability, it was desirable that the truth should be clearly established by a scientific investigation; and this has been done. To Dr. Green we are immensely indebted for our acquaintance with this method of treatment of diseases of the air passages; and if he is disposed to attach an undue importance to this kind of topical medication, and if his enthusiasm leads him at times to the verge of extravagance or exaggeration, it is only the natural result of an exclusive devotion to one subject. Time will correct the evil, and Dr. Green will be remembered, long after most of his opponents are forgotten, as the author of a most valuable application in therapeutics, without the need of letters from patients to give their *opinions* to a scientific assembly. The high character of the Committee, as well as the practical importance of the subject itself, commend the Report to the careful attention of the profession.



MASSACHUSETTS GENERAL HOSPITAL.

*The following Operations were performed during the week ending June 9.*

By Dr. WARREN : Operation for ununited fracture of the humerus ; Eversion of the eyelid ; Encysted tumors of face ; Phymosis ; Fissure of the palate.

By Dr. CLARK : June 5th—Operation for ununited fracture of humerus.

By Dr. H. J. BIGELOW : June 6th—Removal of tumor from orbit.

June 9th—Removal of tumor from below jaw.

*Boston Medical Association.*—The adjourned meeting for final action on the proposed alterations in the fee-table, took place last Monday afternoon. Several gentlemen took part in the discussion, and we regret that our limited space will not allow us to insert a full report of the proceedings. We regret to state that none of the proposed changes were adopted ; and the fee-table remains as it was. On the question of the first proposition of the Committee, as amended by Dr. Channing (of a fixed fee of \$2 for an ordinary visit), a three-fourths vote being required, the motion was lost, although there was a considerable majority in its favor. A motion to postpone indefinitely the whole subject was then carried, and the Association adjourned *sine die*.

*Medical Miscellany.*—Dr. Bennett Dowler, Editor of the New Orleans Medical Journal, in alluding to the contributions of Dr. B. Haskell, of Rockport, to the Boston Medical Journal, on the vital endowment of nerves, says they contain "some of the best reasoned doctrines relating to the nervous system that modern times can boast of."—Arrangements are making for the erection of a hospital for the sick in the city of Knoxville, Tenn.—Dr. La Roche has been appointed Professor of Physiology and Pathology in the Memphis Medical College, in place of Prof. Quintard, who has entered the ministry recently in the Protestant Episcopal Church.—A prize of \$100 is offered to the physicians of Alabama, by the State Association, for the best essay during the present year on some medical subject.

*Books and Pamphlets.*—On the Nature of Malaria, and Prevention of its morbid Agency. By John Gorrie, M.D., of Apalachicola, Florida. New Orleans, 1855.—Second Report of the Managers of the Michigan State Asylums, for the years 1853 and 1854. Lansing, 1855.—Annual Catalogue of the Medical Department of Louisville. 1855.—Catalogue of Officers and Students of the Vermont Medical College ; and Prof. W. H. Thayer's Introductory Address at the same College.—Transactions of the Medical Association of the State of Alabama.—Pustule Malignæ, an Inaugural Essay for the degree of Doctor in Medicine. By Daniel Wadsworth Wainwright, of New York City. New York, 1855.

**MARRIED.**—In Gloucester, June 14th, A. B. Hoyt, M.D., of Winchendon, to Lizzie C. Webster, of Gloucester.

**DIED.**—At Lawrence, Kansas, 29th ult., of chronic diarrhœa, Dr. H. Clark, formerly from Massachusetts, and late of Georgia, aged about 40.—At Kerich, in the Crimea, in April last, Dr. Courtney S. King, son of the late Col. W. S. King, of Charleston, S. C., aged 24.

*Deaths in Boston* for the week ending Saturday noon, June 16, 53. Males. 31—females, 22. Aneurismal varix, 1—accident, 1—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 3—consumption, 7—convulsions, 2—croup, 3—dropsy, 1—dropsy in the head, 5—drowned, 1—debility, 2—infantile diseases, 3—puerperal, 1—dyspepsia, 1—erysipelas, 1—typhoid fever, 1—scarlet fever, 2—killed by drinking alcohol, 1—inflammation of lungs, 5—marasmus, 2—inflammation of umbilicus, 1—old age, 1—pleurisy, 1—rheumatism, 1—disease of the spine, 1—teething, 2—smallpox, 1.

Under 5 years, 25—between 5 and 20 years, 4—between 20 and 40 years, 11—between 40 and 60 years, 8—above 60 years, 5. Born in the United States, 36—Ireland, 14—Scotland, 1—British Provinces, 2.

**Cholera in New Orleans.**—The following extract from a communication by a physician, in the New Orleans Medical News, represents the prevalence of cholera in that city as much more extensive than we were led to suppose by the action of the city government alluded to in this Journal last week.

"Notwithstanding the fact that some of our daily newspapers are constantly proclaiming our city in the enjoyment of almost unprecedented health, all who do not wilfully close their eyes and ears to existing facts, *must* be aware that the cholera is in our midst, and is doing its sad work from one end of the city to the other; it is not true that 'the cases are principally confined to the upper and lower portions of the city, and are mostly attributed to the drought, which forces a change from rain water to the meagre supply by the hydrants;' the disease is to be found everywhere throughout the city, and although it seems to attack more children and negroes, still it is to be found amongst high and low. Editors of newspapers may attempt to deceive the people in the country, and, by their strangely mistaken policy, may succeed in throwing the unwary of our population off their guard, but the sad experience of every hour in the day teaches the mass of our citizens but too truly that the cholera is in our midst, and in all its strength."

**Hospital for Women in New York.**—A meeting of the friends and promoters of this new Institution, in Madison Avenue, was held on June 2d. There were present several distinguished clergymen and members of the medical profession, and nearly a hundred ladies. Addresses were made by the Rev. Dr. Francis, (Chairman), Dr. Horace Green, Dr. Gillman, Rev. Dr. Knox, Dr. E. H. Dixon, Dr. Sims and others. The hospital has been open about a month, and contains 19 patients.—*N. Y. Times*.

**Treatment of Nocturnal Incontinence of Urine in Children.**—Dr. Blaschko, of Freyenwalde, asserts that he has always succeeded in this infirmity by the use of a mixture of equal parts of Tr. Nucis Vomice and Tr. Ferri Acetici, in the dose of from 10 to 13 drops, twice every evening. In one case which resisted all treatment he resorted with success to a rotary battery; the conductor, a fine copper wire, being introduced into the meatus urinarius.

Dr. Haber, of Zurich, recommends a mixture of Ex. Nucis Vomice 1 part, and Oxyd. Ferri Nigri 48 parts, made into 24 pills, of 2 grains each, one of which is to be taken night and morning. Naegele recommends Tannin in the dose of a grain, morning and evening.—*Gazette des Hopitaux*.

**Bischoff.**—This celebrated physiologist, so well known by his researches in embryology, is about to leave the university of Giessen for that of Munich. The latter institution will thus have deprived that of Giessen of two of its greatest ornaments—viz., Baron Liebig and M. Bischoff. We also learn the nomination of M. Lange of Heidleberg to the chair of midwifery in the Faculty of Medicine at Prague.—*Edinburgh Monthly Journal of Medicine*.—May, 1855.

**Flannel.**—An essay on the action of flannel in direct contact with the skin, and the influence it exerts in a physiological, pathological, and therapeutical point of view, has been published by Dr. Fiévée de Jeumont; the aim of the author being to direct attention to the indiscriminate use generally made of this material, without sufficient inquiry into the indications or contra-indications for its employment. Considerable importance is attached by him to the qualities of this substance in relation to electricity, believing, as he does, that its agency in this way is sufficiently powerful to exercise an influence upon the nervous system, calculated in some instances to induce a diseased condition there. However, in the employment of an article such as this, much must be left to the judgment and discretion of the medical man in attendance on the individual case, and although the remarks of Dr. Fiévée are interesting theoretically, it is questionable whether they may be of much service in practice.—*Gaz. Med. in Edinburgh Monthly Journal*, May, 1855.

**Sugar Secreted by the Liver.**—This function of the liver, pointed out some time ago by M. Bernard, is now called into question by M. Fiquier, Assistant Professor at the School of Pharmacy of Paris. The discussion is taking place before the Academy of Medicine, and has given rise to several clever papers. We may mention that Lehmann, of Leipzig, has lately made many experiments which would tend to strengthen M. Bernard's views, respecting the gluco-genic functions of the liver.—*Lancet*.